



Arizona Department of Financial Institutions



Non-Mortgage Industry License Change Application (CHG)

This application must be complete and legible please type or print using black or blue ink only
(Check the applicable box(es) for the change(s) being requested)

Address Change	Name Change	Authorized Delegate Change (Money Transmitter Only)	Duplicate License	License Surrender
Ownership Change	Officer Change	Responsible Individual Change (Money Transmitter Only)	Active Manager Change	Branch Manager Change
Primary Email Address Change				

1. Company Identifying Information:

A. Legal Name:

Legal Name:	Federal Tax ID Number:
Arizona Legal Name (as approved by the Arizona Corporation Commission or the Arizona Secretary of State):	
Doing Business As (DBA)/Trade Name: Optional. As approved by the Arizona Secretary of State:	License Type & Main License Number:

2. Address Change:

A. Licensed Location that is Changing its address:

Address Line 1:	Branch License Number (if applicable):	
Address Line 2:		
City:	State:	Zip Code:

B. The above licensed location (2.A above) will be relocated to:

Address Line 1:		
Address Line 2:	This New Location is ZONED: Commercial Residential	
City:	State:	Zip Code:
Telephone Number:	Fax Number:	Website:

3. Name and/or DBA Name Change:

A. Name and/or DBA Name Change:

New Exact Name:	Date Name Changed or Will Change:
New Exact DBA / Trade name (if applicable):	Date Name Changed or Will Change:

4. Authorized Delegate:

A. Authorized Delegate:

Only pertains to Money Transmitters

Company Name:	AzDFI AD Number:	Email Address:
Company Name:	AzDFI AD Number:	Email Address:
Company Name:	AzDFI AD Number:	Email Address:

Use a separate sheet if necessary



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5. Ownership Change:

A. Direct Ownership Change:

A license is not transferable or assignable and control of a licensee may not be acquired through a stock purchase or any other device without the prior written consent of the Superintendent. List all individuals or entities owning 20% (15% for Money Transmitters) or more **voting** shares only.

Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:

B. Indirect Owners:

If a parent company is listed in section 5A, then list the direct owner of the parent company and designate name of the company

Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Direct Owner Company Name	Title or Status	% Ownership	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

6. Active Manager:

A. Active Manager:

Only pertains to Collection Agencies

Name & Title:			
Business Address:		City:	State: Zip:
Direct Telephone Number & Extension:	Fax Number:	Email Address:	U.S. Citizen: YES NO

7. Responsible Individual:

A. Responsible Individual:

This Responsible Individual Change form only pertains to Money Transmitters

Name & Title:			
Business Address:		City:	State: Zip:
Direct Telephone Number & Extension:	Fax Number:	Email Address:	

FE-LC-AP-DFI-Change_Application-100213



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8. Officer Changes:

A. Officer Changes:

Name:	Officer Title:	Business Telephone Number:	Effective Date of Change:
Other Arizona interests:			Capacity:
Name:	Officer Title:	Business Telephone Number:	Effective Date of Change:
Other Arizona interests:			Capacity:

Use a separate sheet if necessary

9. License Surrender:

A. License Surrender:

License Number Surrendering:	Address of License Surrendering:	City:	State:	Zip:
License Number Surrendering:	Address of License Surrendering:	City:	State:	Zip:
License Number Surrendering:	Address of License Surrendering:	City:	State:	Zip:
Address of where records will be stored:		City:	State:	Zip:
Name of contact:	Address of contact:	Phone # of Contact:	Email of contact:	

Use a separate sheet if necessary

10. Duplicate License:

A. Duplicate License:

License Number:	Address of Location:	City:	State:	Zip:
License Number:	Address of Location:	City:	State:	Zip:

11. Branch Manager Change:

A. Branch Manager Change:

Branch License Number:	Branch Manager Name:	Title:
Telephone Number:	Fax Number:	Email:

12. Primary Email Change:

Provide the new primary email and its effective date. This email address is used to send your license electronically, renewal reminders and any other important notifications that the department sends out relating to the license issued.

Primary Email Address:	Effective Date:
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13. Authorized Individual:

I hereby certify that to the best of my knowledge, this application contains no misrepresentation or omissions of material facts. An Owner/Officer/Member/Authorized Person on file with our Department **MUST** sign this form.

Print Name:	Print Title:		
Signature:	Date:	Direct Telephone Number & Extension:	
Fax Number:	Email Address:		



Non-Mortgage Industry License Change Checklist

ENSURE THE LICENSE CHANGE APPLICATION HAS BEEN COMPLETED PRIOR TO SUBMITTING TO THE DEPARTMENT. SUBMITTING A PARTIAL PACKAGE MAY CAUSE A DELAY IN THE PROCESSING OF YOUR REQUEST.

Changes can not be made without all required items and applicable fees. Penalties may be assessed for not complying. Enclose all applicable license change fee(s).

[See Non-Mortgage License DFI Change Instructions for specific fees](#)

Make Check(s) Payable To: Arizona Department of Financial Institutions or AZDFI

Authorized Individual shall be an Owner/Officer/Member/Authorized Person on file with AzDFI

Sign and Notarize All Documents Where Applicable

Print or Type All Information on All Documents

Answer All Questions on All Forms or Complete With "None" Or "NA"

Make Copies of the Completed Change Packet and any applicable documents for Your Records. For a list of applicable documents see the DFI Change Instructions page at the link below:

[See Non-Mortgage License DFI Change Instructions](#)

ENCLOSE ALL REQUIRED ITEMS TOGETHER IN ONE PACKAGE BEFORE MAILING

**Mail To: Arizona Department of Financial Institutions
Attention: Licensing Division
2910 N 44th Street, Suite 310
Phoenix, AZ 85018**



Ensure all applicable persons have completed the background check. (See DFI Change Instructions on whom needs to complete a background check.)

[Background Check](#)